

# PCT

## REQUEST

The undersigned requests that the present international application be processed according to the Patent Cooperation Treaty.

For receiving Office use only

International Application No.

International Filing Date

Name of receiving Office and "PCT International Application"

Applicant's or agent's file reference (if desired) (12 characters maximum) PCT 10300000

**Box No. I TITLE OF INVENTION**  
IMPROVEMENTS IN A SYSTEM AND METHOD FOR ESTIMATION OF COMPUTER RESOURCE USAGE BY TRANSACTION TYPES

**Box No. II APPLICANT** ☐ This person is also inventor

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

UNISYS CORPORATION  
Unisys Way, MS/E8-114  
Blue Bell, Pennsylvania 19424-0001 US

Telephone No.  
(215) 986-4339

Facsimile No.  
(215) 986-3090

Teleprinter No.

Applicant's registration No. with the Office

State (that is country) of nationality: US

State (that is, country) of residence: US

This person is applicant for the purposes of: ☐ all designated States ☒ all designated States except the United States of America ☐ the United States of America only ☐ the States indicated in the Supplemental Box

**Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)**

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

LOBOZ, Charles, Zdzislaw  
9/5 Endeavour Street  
West Ryde NSW 2114  
Australia

This person is:

☐ applicant only

☒ applicant and inventor

☐ inventor only (If this check-box is marked, do not fill in below.)

Applicant's registration No. with the Office

State (that is country) of nationality: AU

State (that is, country) of residence: AU

This person is applicant for the purposes of: ☐ all designated States ☐ all designated States except the United States of America ☒ the United States of America only ☐ the States indicated in the Supplemental Box

☒ Further applicants and/or (further) inventors are indicated on a continuation sheet.

**Box No. IV AGENT OR COMMON REPRESENTATIVE: OR ADDRESS FOR CORRESPONDENCE**

The person identified below is hereby/has been appointed to act on behalf of the applicant(s) before the competent International Authorities as: ☒ agent ☐ common representative

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)

STARR, Mark T.  
RODE, Lise A.  
UNISYS CORPORATION  
Unisys Way, MS/E8-114  
Blue Bell, Pennsylvania 19424-0001 US

Telephone No.  
(215) 986-4411

Facsimile No.  
(215) 986-3090

Teleprinter No.

Agent's registration No. with the Office  
28,762

☐ Address for correspondence: Mark this check-box where no agent or common representative is/has been appointed and the space above is used instead to indicate a special address to which correspondence should be sent.

Continuation of Box No. III		FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)	
<i>If none of the following sub-boxes is used, this sheet should not be included in the request.</i>			
Name and address: <i>(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)</i>  <b>HARDING, Dean Peter</b> <b>88 Amazon Road</b> <b>Seven Hills NSW 2147</b> <b>Australia</b>		This person is: <input type="checkbox"/> applicant only <input checked="" type="checkbox"/> applicant and inventor <input type="checkbox"/> inventor only <i>(If this check-box is marked do not fill in below.)</i>	
State (that is, country) of nationality: <div style="text-align: center;">AU</div>		State (that is country) of residence: <div style="text-align: center;">AU</div>	
This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input checked="" type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box		Applicant's registration No. with the Office	
Name and address: <i>(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)</i>  <b>KELU, Jonatan</b> <b>2/149 Blaxcell Street</b> <b>Granville NSW 2142</b> <b>Australia</b>		This person is: <input type="checkbox"/> applicant only <input checked="" type="checkbox"/> applicant and inventor <input type="checkbox"/> inventor only <i>(If this check-box is marked do not fill in below.)</i>	
State (that is, country) of nationality: <div style="text-align: center;">AU</div>		State (that is country) of residence: <div style="text-align: center;">AU</div>	
This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input checked="" type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box		Applicant's registration No. with the Office	
Name and address: <i>(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)</i>  		This person is: <input type="checkbox"/> applicant only <input type="checkbox"/> applicant and inventor <input type="checkbox"/> inventor only <i>(If this check-box is marked do not fill in below.)</i>	
State (that is, country) of nationality: <div style="text-align: center;">AU</div>		State (that is country) of residence: <div style="text-align: center;">AU</div>	
This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box		Applicant's registration No. with the Office	
Name and address: <i>(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)</i>  		This person is: <input type="checkbox"/> applicant only <input type="checkbox"/> applicant and inventor <input type="checkbox"/> inventor only <i>(If this check-box is marked do not fill in below.)</i>	
State (that is, country) of nationality: <div style="text-align: center;">AU</div>		State (that is country) of residence: <div style="text-align: center;">AU</div>	
This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box		Applicant's registration No. with the Office	
State (that is, country) of nationality: <div style="text-align: center;">AU</div>		State (that is country) of residence: <div style="text-align: center;">AU</div>	
This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box		Applicant's registration No. with the Office	
<input type="checkbox"/> Further applicants and/or (further) inventors are indicated on another continuation sheet.			

Box No. V DESIGNATION OF STATES

Mark the applicable check-boxes below; at least one must be marked.

The following designations are hereby made under Rule 4.9(a):

Regional Patent

- ☐ AP ARIPO Patent: GH Ghana, GM Gambia, KE Kenya, LS Lesotho, MW Malawi, MZ Mozambique, SD Sudan, SL Sierra Leone, SZ Swaziland, TZ United Republic of Tanzania, UG Uganda, ZM Zambia, ZW Zimbabwe, and any other State which is a Contracting State of the Harare Protocol and of the PCT (if other kind of protection or treatment desired, specify on dotted line) .....
- ☐ EA Eurasian Patent: AM Armenia, AZ Azerbaijan, BY Belarus, KG Kyrgyzstan, KZ Kazakhstan, MD Republic of Moldova, RU Russian Federation, TJ Tajikistan, TM Turkmenistan, and any other State which is a Contracting State of the Eurasian Patent Convention and of the PCT
- ☒ EP European Patent: AT Austria, BE Belgium, BG Bulgaria, CH & LI Switzerland and Liechtenstein, CY Cyprus, CZ Czech Republic, DE Germany, DK Denmark, EE Estonia, ES Spain, FI Finland, FR France, GB United Kingdom, GR Greece, IE Ireland, IT Italy, LU Luxembourg, MC Monaco, NL Netherlands, PT Portugal, SE Sweden, SK Slovakia, TR Turkey, and any other State which is a Contracting State of the European Patent Convention and of the PCT
- ☐ OA OAPI Patent: BF Burkina Faso, BJ Benin, CF Central African Republic, CG Congo, CI Côte d'Ivoire, CM Cameroon, GA Gabon, GN Guinea, GQ Equatorial Guinea, GW Guinea-Bissau, ML Mali, MR Mauritania, NE Niger, SN Senegal, TD Chad, TG Togo, and any other State which is a member State of OAPI and a Contracting State of the PCT (if other kind of protection or treatment desired, specify on dotted line) .....

National Patent (if other kind of protection or treatment desired, specify on dotted line):

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> AE United Arab Emirates               | <input type="checkbox"/> GM Gambia                                    | <input type="checkbox"/> NZ New Zealand                         |
| <input type="checkbox"/> AG Antigua and Barbuda                | <input type="checkbox"/> HR Croatia                                   | <input type="checkbox"/> OM Oman                                |
| <input type="checkbox"/> AL Albania                            | <input type="checkbox"/> HU Hungary                                   | <input type="checkbox"/> PH Philippines                         |
| <input type="checkbox"/> AM Armenia                            | <input type="checkbox"/> ID Indonesia                                 | <input type="checkbox"/> PL Poland                              |
| <input type="checkbox"/> AT Austria                            | <input type="checkbox"/> IL Israel                                    | <input type="checkbox"/> PT Portugal                            |
| <input checked="" type="checkbox"/> AU Australia               | <input type="checkbox"/> IN India                                     | <input type="checkbox"/> RO Romania                             |
| <input type="checkbox"/> AZ Azerbaijan                         | <input type="checkbox"/> IS Iceland                                   | <input type="checkbox"/> RU Russian Federation                  |
| <input type="checkbox"/> BA Bosnia and Herzegovina             | <input type="checkbox"/> JP Japan                                     |   |
| <input type="checkbox"/> BB Barbados                           | <input type="checkbox"/> KE Kenya                                     | <input type="checkbox"/> SD Sudan                               |
| <input type="checkbox"/> BG Bulgaria                           | <input type="checkbox"/> KG Kyrgyzstan                                | <input type="checkbox"/> SE Sweden                              |
| <input type="checkbox"/> BR Brazil                             | <input type="checkbox"/> KP Democratic People's Republic of Korea     | <input type="checkbox"/> SG Singapore                           |
| <input type="checkbox"/> BY Belarus                            | <input type="checkbox"/> KR Republic of Korea                         | <input type="checkbox"/> SI Slovenia                            |
| <input type="checkbox"/> BZ Belize                             | <input type="checkbox"/> KZ Kazakhstan                                | <input type="checkbox"/> SK Slovakia                            |
| <input type="checkbox"/> CA Canada                             | <input type="checkbox"/> LC Saint Lucia                               | <input type="checkbox"/> SL Sierra Leone                        |
| <input type="checkbox"/> CH & LI Switzerland and Liechtenstein | <input type="checkbox"/> LK Sri Lanka                                 | <input type="checkbox"/> TJ Tajikistan                          |
| <input type="checkbox"/> CN China                              | <input type="checkbox"/> LR Liberia                                   | <input type="checkbox"/> TM Turkmenistan                        |
| <input type="checkbox"/> CO Colombia                           | <input type="checkbox"/> LS Lesotho                                   | <input type="checkbox"/> TN Tunisia                             |
| <input type="checkbox"/> CR Costa Rica                         | <input type="checkbox"/> LT Lithuania                                 | <input type="checkbox"/> TR Turkey                              |
| <input type="checkbox"/> CU Cuba                               | <input type="checkbox"/> LU Luxembourg                                | <input type="checkbox"/> TT Trinidad and Tobago                 |
| <input type="checkbox"/> CZ Czech Republic                     | <input type="checkbox"/> LV Latvia                                    |   |
| <input type="checkbox"/> DE Germany                            | <input type="checkbox"/> MA Morocco                                   | <input type="checkbox"/> TZ United Republic of Tanzania         |
| <input type="checkbox"/> DK Denmark                            | <input type="checkbox"/> MD Republic of Moldova                       | <input type="checkbox"/> UA Ukraine                             |
| <input type="checkbox"/> DM Dominica                           | <input type="checkbox"/> MG Madagascar                                | <input type="checkbox"/> UG Uganda                              |
| <input type="checkbox"/> DZ Algeria                            | <input type="checkbox"/> MK The former Yugoslav Republic of Macedonia | <input checked="" type="checkbox"/> US United States of America |
| <input type="checkbox"/> EC Ecuador                            | <input type="checkbox"/> MN Mongolia                                  |   |
| <input type="checkbox"/> EE Estonia                            | <input type="checkbox"/> MW Malawi                                    | <input type="checkbox"/> UZ Uzbekistan                          |
| <input type="checkbox"/> ES Spain                              | <input type="checkbox"/> MX Mexico                                    | <input type="checkbox"/> VN Viet Nam                            |
| <input type="checkbox"/> FI Finland                            | <input type="checkbox"/> MZ Mozambique                                | <input type="checkbox"/> YU Yugoslavia                          |
| <input type="checkbox"/> GB United Kingdom                     | <input type="checkbox"/> NO Norway                                    | <input type="checkbox"/> ZA South Africa                        |
| <input type="checkbox"/> GD Grenada                            |   | <input type="checkbox"/> ZM Zambia                              |
| <input type="checkbox"/> GE Georgia                            |   | <input type="checkbox"/> ZW Zimbabwe                            |
| <input type="checkbox"/> GH Ghana                              |   |   |

Check-boxes below reserved for designating States which have become party to the PCT after issuance of this sheet:

- |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**Precautionary Designation Statement:** In addition to the designations made above, the applicant also makes under Rule 4.9(b) all other designations which would be permitted under the PCT except any designation(s) indicated in the Supplemental Box as being excluded from the scope of this statement. The applicant declares that those additional designations are subject to confirmation and that any designation which is not confirmed before the expiration of 15 months from the priority date is to be regarded as withdrawn by the applicant at the expiration of that time limit. (Confirmation (including fees) must reach the receiving Office within the 15-month time limit.)

**Box No. VI PRIORITY CLAIM**

The priority of the following earlier application(s) is hereby claimed:

Filing date of earlier application (day/month/year)	Number of earlier application	Where earlier application is:		
		nat'l applications: country "or member of WTO"	regional application: * regional Office	international application: receiving Office
item (1)				
item (2)				
item (3)				
item (4)				
item (5)				

☐ Further priority claims are indicated in the Supplemental Box.

The receiving Office is requested to prepare and transmit to the International Bureau a certified copy of the earlier application(s) (only if the earlier application was filed with the Office which for the purposes of this international application is the receiving Office) identified above as:

☐ all items    ☐ item (1)    ☐ item (2)    ☐ item (3)    ☐ item (4)    ☐ item 5    ☐ other, see Supplemental Box

\* Where the earlier application is an ARIPO application, indicate at least one country party to the Paris Convention for the Protection of Industrial Property or one Member of the World Trade Organization for which that earlier application was filed (Rule 4.10(b)(ii): \_\_\_\_\_

**Box No. VII INTERNATIONAL SEARCHING AUTHORITY**

Choice of International Searching Authority (ISA) (if two or more International Searching Authorities are competent to carry out the international search, indicate the Authority chosen; the two-letter code may be used):

**ISA/USA**

Request to use results of earlier search; reference to that search (if an earlier search has been carried out by or requested from the International Searching Authority):

Date (day/month/year)                      Number                      Country (or regional Office)

**Box No. VIII DECLARATIONS**

The following declarations are contained in Boxes Nos. VIII (i) to (v) (mark the applicable check-boxes below and indicate in the right column the number of each type of declaration):

Number of  
declarations

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Box No. VIII (i)             | Declaration as to the identity of the inventor   | : |
| <input type="checkbox"/> Box No. VIII (ii)            | Declaration as to the applicant's entitlement, as at the international filing date, to apply for and be granted a patent             | : |
| <input type="checkbox"/> Box No. VIII (iii)           | Declaration as to the applicant's entitlement, as at the international filing date, to claim the priority of the earlier application | : |
| <input checked="" type="checkbox"/> Box No. VIII (iv) | Declaration of inventorship (only for the purposes of the designation of the United States of America)                               | : |
| <input type="checkbox"/> Box No. VIII (v)             | Declaration as to non-prejudicial disclosures or exceptions to lack of novelty   | : |

**Box No. VIII (iv) DECLARATION: INVENTORSHIP** (only for the purposes of the designation of the United States of America)  
*The declaration must conform to the following standardized wording provided for in Section 214; see Notes to Boxes Nos. VIII, VIII (i) to (v) (in general) and the specific Notes to Box No. VIII (iv). If this Box is not used, this sheet should not be included in the request.*

**Declaration of inventorship (Rules 4.17(iv) and 51bis.1(a)(iv))  
for the purposes of the designation of the United States of America:**

I hereby declare that I believe I am the original, first and sole (if only one inventor is listed below) or joint (if more than one inventor is listed below) inventor of the subject matter which is claimed and for which a patent is sought.

This declaration is directed to the international application of which it forms a part (if filing declaration with application).

This declaration is directed to international application No. PCT/..... (if furnishing declaration pursuant to Rule 26ter).

I hereby declare that my residence, mailing address, and citizenship are as stated next to my name.

I hereby state that I have reviewed and understand the contents of the above-identified international application, including the claims of said application. I have identified in the request of said application, in compliance with PCT Rule 4.10, any claim to foreign priority, and I have identified below, under the heading "Prior Applications," by application number, country or Member of the World Trade Organization, day, month and year of filing, any application for a patent or inventor's certificate filed in a country other than the United States of America, including any PCT international application designating at least one country other than the United States of America, having a filing date before that of the application on which foreign priority is claimed.

Prior Applications: .....

I hereby acknowledge the duty to disclose information that is known by me to be material to patentability as defined by 37 C.F.R. § 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the PCT international filing date of the continuation-in-part application.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

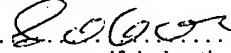
Name: LOBOZ, Charles, Zdzislaw .....

Residence: Australia .....

Mailing Address: 9/5 Endeavour Street .....

WEST RYDE NSW 2114, AUSTRALIA

Citizenship: AUSTRALIAN .....

Inventor's Signature:  .....

Date: 2.12.2002 .....

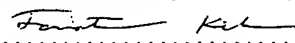
Name: KELU, Jonatan .....

Residence: Australia .....

Mailing Address: 2/149 Blaxcell Street .....

GRANVILLE NSW 2142, AUSTRALIA

Citizenship: AUSTRALIAN .....

Inventor's Signature:  .....

Date: 2.12.2002 .....

☒ This declaration is continued on the following sheet, "Continuation of Box No. VIII (iv)".

**Continuation of Box No. VIII (i) to (v) DECLARATION**

*If the space is insufficient in any of Boxes Nos. VIII (i) to (v) to furnish all the information, including in the case where more than two inventors are to be named in Box No. VIII (iv), in such case, write "Continuation of Box No. VIII ..." (indicate the item number of the Box) and furnish the information in the same manner as required for the purposes of the Box in which the space was insufficient. If additional space is needed in respect of two or more declarations, a separate continuation box must be used for each such declaration. If this Box is not used, this sheet should not be included in the request.*

Name: HARDING, Dean Peter

Residence: Australia

Mailing Address: 88 Amazon Road  
SEVEN HILLS NSW 2147  
AUSTRALIA

Citizenship: Australian

Inventor's Signature *D. Harding* ..... Date *2/12/2002*

**Box No. IX CHECK LIST; LANGUAGE OF FILING**

This international application contains:

(a) the following number of

sheets in paper form:

request (including  
declaration sheets) : 7description (excluding  
sequence listing part) 20

claims 3

abstract 1

drawings 1

Sub-total number of sheets : 32

sequence listing part of description  
(actual number of sheets if filed  
in paper form, whether or not also  
filed in computer readable form:  
see (b) below)

Total number of sheets : 32

(b) sequence listing part of description filed in  
computer readable form(i) ☐ only (under Section 801 (a)(i))(ii) ☐ in addition to being filed in paper  
form (under Section 801 (a)(ii))Type and number of carriers (diskette,  
CD-ROM, CD-R or other) on which the  
sequence listing part is contained (additional  
copies to be indicated under item 9(ii), in  
right column):This international application is accompanied by the following  
item(s) (mark the applicable check-boxes below and indicate in  
right column the number of each item):1. ☒ fee calculation sheet : 12. ☐ original separate power of attorney :3. ☐ original general power of attorney :4. ☒ copy of general power of attorney; reference number,  
if any: : 15. ☐ statement explaining lack of signature :6. ☐ priority document(s) identified in Box No. VI as  
item(s): :7. ☐ translation of international application into  
(language): :8. ☐ separate indications concerning deposited microorganism  
or other biological material :9. ☐ sequence listing in computer readable form (indicate also type  
and numbers of carriers (diskette, CD-ROM, CD-R or other)) :(i) ☐ copy submitted for the purposes of international search  
under Rule 13ter only (and not as part of the  
international application) :(ii) ☐ (only where check-box (b)(i) or (b)(ii) is marked in left  
column) additional copies including, where applicable,  
the copy for the purposes of international search under  
Rule 13 ter :(iii) ☐ together with relevant statement as to the identity  
of the copy or copies with the sequence listing part  
mentioned in left column :10. ☒ other (specify): PCT PTO-1382, Transmittal Letter : 1Figure of the drawings which  
should accompany the abstract:Language of filing of the  
international application: English**Box No. X SIGNATURE OF APPLICANT, AGENT OR COMMON REPRESENTATIVE**Next to each signature, indicate the name of the person signing and the capacity in which the person signs (if such capacity is not obvious from  
reading the request).

UNISYS CORPORATION



MISE A. RODE

Attorney for Applicant

For receiving Office use only

1. Date of actual receipt of purported international application:	2. Drawings: <input type="checkbox"/> received:    <input type="checkbox"/> not received:
2. Corrected date of actual receipt due to later but timely received papers or drawings completing the purported international application:	
4. Date of timely receipt of the required corrections under PCT Article 11(2):	
5. International Searching Authority (if two or more are competent): ISA/USA	6. <input type="checkbox"/> Transmittal of search copy delayed until search fee is paid

For International Bureau use only

Date of receipt of the record copy  
by the International Bureau:

PCT

For receiving Office use only

FEE CALCULATION SHEET

Annex to the Request

International Application No.

Applicant's or agent's  
file reference

PCT 10300000

Date stamp of the receiving Office

Applicant

UNISYS CORPORATION

CALCULATION OF PRESCRIBED FEES

1. TRANSMITTAL FEE 240.00 T

2. SEARCH FEE 700.00 S

International search to be carried out by US  
(If two or more International Searching Authorities are competent to carry out the international search, indicate the name of the Authority which is chosen to carry out the international search.)

3. INTERNATIONAL FEE

Basic Fee

Where item (b) of Box No. IX applies, enter Sub-total number of sheets } 32  
Where item (b) of Box No. IX does not apply, enter Total number of sheets }

b1 first 30 sheets 407.00 b1

b2 2 x 9 = 18.00 b2  
number of sheets fee per sheet  
in excess of 30

b3 additional component (only if sequence listing part of description  
is filed in computer readable form under Section 801 (1)(i), or  
both in that form and on paper, under Section 801 (a)(ii):

400 x fee per sheet = b3

Add amounts entered at b1, b2 and b3 and enter total at B 425.00 B

Designation Fees

The international application contains 3 designations.

3 x 88.00 = 264.00 D  
number of designation fees amount of designation fee  
payable (maximum 6)

Add amounts entered at B and D and enter total at I 689.00 I

(Applicants from certain States are entitled to a reduction of 75% of the international fee. Where the applicant is (or all applicants are) so entitled, the total to be entered at I is 25% of the sum of the amounts entered at B and D.)

4. FEE FOR PRIORITY DOCUMENT (if applicable) P

5. TOTAL FEES PAYABLE 1629.00  
Add amounts entered at T, S, I and P, and enter total in the TOTAL box TOTAL

☐ The designation fees are not paid at this time.

MODE OF PAYMENT

☒ authorization to charge deposit account (see below) ☐ postal money order ☐ cash k ☐ coupons  
☐ cheque ☐ bank draft ☐ revenue stamps ☐ other (specify):

AUTHORIZATION TO CHARGE (OR CREDIT) DEPOSIT ACCOUNT

(This mode of payment may not be available at all receiving Offices)

☒ Authorization to charge the total fees indicated above.  
☒ (This check-box may be marked only if the conditions for deposit accounts of the receiving Office so permit) Authorization to charge any deficiency or credit any overpayment in the total fees indicated above.  
☒ Authorization to charge the fee for priority document.

Receiving Office: RO/ US

Deposit Account No.: 19-3790

Date: December 27, 2002

Name: Use A. Rode

Signature: [Signature]